

ESTATE INFORMATION SHEET
MIDDLESEX COUNTY SURROGATE'S COURT

P.O. Box 790, New Brunswick, NJ 08903-0790

surrogate@co.middlesex.nj.us

Location; if requesting a satellite office: (locations listed on Website) _____

Date of Satellite Appointment Requesting: (Appt. not necessary for New Brunswick) _____

Name of Decedent: _____

Address of Decedent: _____

City State Zip

Marital Status: (circle one) Single Married Widowed Divorced

Date of Birth: _____ Date of Death: _____ SS# _____

Name and Address of Executor(s)/Administrator(s): _____

Telephone Number of Executor(s)/Administrator(s): _____

Executor(s)/Administrator(s) Relation to Decedent: _____

Beneficiaries/Next of Kin Relationship Address - City & State Age of Minor(s)

(Note:) List all children of any deceased next of kin- Give age of Minors

(Add additional page, if necessary)

Date of Will: _____ # of Pages: _____

Date of Codicil: _____ # of Pages: _____

List of Decedent's Assets (for Administration or Affidavit **Only**) - Do not list assets that are payable on death (POD) or have a named beneficiary.

<u>ASSET</u>	<u>VALUE/BALANCE</u>

NJ Real Estate: Yes: _____ No: _____

Total Number of Certificates Requested: _____

Name, Address, & Phone Number of Attorney (if being represented): _____

FOR USE AS FACT SHEET TO BE MAILED OR FAXED TO OFFICE IN ADVANCE OF APPEARANCE
ALONG WITH A COPY OF THE DEATH CERTIFICATE, WILL AND CODICIL (if applicable).

ORIGINAL WILL AND CODICIL MUST BE PRESENTED AT TIME OF APPEARANCE

Tel. (732)745-3055 Fax (732)745-4125